PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paragraphy ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

	2 >	<i></i>	1			Complete if K	nown	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005			Ap	Application Number 10/720,237				
			— —	<u>''</u>		November 25,	2003	
			Fir	First Named Inventor TAKASHI S		TAKASHI SHIE	BUYA ET AL.	
Applicant claims small antity status. See 27 C.5.P. 1.27				Examiner Name		Ryan M. Gleitz		
Applicant claims small entity status. See 37 C.F.R. 1.27			Ar	Art Unit 2852				
TOTAL AMOUNT OF PAYMENT (\$) 650.00 Attorney Docket No. 03500.017737								
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee X Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SE. Application Type	FILING FEE Smal	ES II Entity	SEARCH <u>S</u> Fee (\$)	FEES nall Entity Fee(\$)	EXA	AMINATION FEE Small Entity (\$) Fee(\$)	S <u>Fees Paid (\$</u>)	
Utility	300	150	500	250	20			
Design Plant		100 100	100 300	50 150	13 16	-		
Reissue		150	500	250	60			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
Total Claims				1				
39 - 20 or HI HP = highest number			0.00 in 20		<u> </u>	<u>ee(\$) </u>	ee Paid (\$) 0	
Indep. Claims	Extra Clai	ms Fee(\$)	<u>Fe</u>	e Paid (\$)				
5 - 3 or HP = 1 x 200.00 = 200.00 HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets			onal 50 or fra			Fee Paid (\$)	
100 = / 50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								
SUBMITTED BY						-··		
Signature	HD (1			Registra (Attorne	ition No. y/Agent)	55,112	Telephone 202-530-1010	
Name (Print/Type)	Michael J. Did	das					Date: September 16, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paternark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	Application of:)	
		:	Examiner: R. Gleitz
Taka	shi SHIBUYA et al.)	
		:	Group Art Unit: 2852
Appl	ication No.: 10/720,237)	
		:	Confirmation No.: 4343
Filed	: November 25, 2003)	
		:	
For:	IMAGE FORMING)	
	APPARATUS HAVING AN IMAGE	:	September 16, 2005
	BEARING MEMBER WITH)	
	VARIED GLOSSINESS	:	
	(AS AMENDED))	

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 16, 2005, the Examiner is respectfully requested to amend the application, as follows.

09/19/2005 JADDO1 00000044 10720237

01 FC:1202 450.00 UP 02 FC:1201 200.00 UP

IN THE TITLE:

Please replace the title of the invention with the following new title.

--IMAGE FORMING APPARATUS HAVING AN IMAGE BEARING MEMBER WITH VARIED GLOSSINESS--.